STATE OF MARYLAND—CERTIFICATE OF DEATH

01992

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Harford Registration Dist. No. 184

Village or City Cardiff No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town whera death occurrad yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth L. Bennington If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Milton Bennington

6. DATE OF BIRTH (month, day, and year) Jan 12 1857

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
89	6	28	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Date decaased last worked at this occupation (month and year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Hezekiah Doughtow

14. BIRTHPLACE (city or town)
(Stata or country) Md

MOTHER

15. MAIDEN NAME Sarah Chalk

16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Mrs. William Pearce
(Address) Cardiff Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Slaterville Date Feb 12 1940

19. UNDERTAKER H. Howard Webb
(Address) Hand Grove Pa

20. FILED Feb. 11, 1940 H. J. McNabb pu C.E.X Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1940, to Feb. 9th, 1940

I last saw her alive on Feb 9th, 1940; death is said to have occurred on the date stated above, at 4:30½ m.

The **PRINCIPAL CAUSE OF DEATH** and ralatad causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	
Influenza	

Other **Contributory Causes** of Importance:

Nama of operation Date of

What test confirmed diagnosis? Clinical Was thare an autopsy? No

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way ralated to occupation of deceasad?

If so, specify

(Signad) Josiah A. Hunt M. D.

(Address) Cardiff, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01993

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural - Near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 33 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural - Near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John Thomas Bloom

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of ~~husband or~~ wife: Emma M. Bloom
6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): November 24, 1853

8. AGE:

Years	Months	Days	If less than one day
86	2	17	____ hrs. ____ min.

9. Birthplace: Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: "

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mrs. Emma M. Bloom
Address: Aberdeen, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 13, 1940 (month) (day) (year)
Cemetery or crematory: Abingdon Cemetery
Location: Abingdon, Harford Co. Md.

18. Funeral director: Henry Jarrings & Sons
Address: Aberdeen, Md.

19. Feb. 13 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11, 1940, at 6:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1st 1940, to Feb 11th 1940, and that I last saw h~~im~~er alive on Feb 10th 1940.

Immediate cause of death: Coron Pneumonia — DURATION: 11 days

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Thos. P. Thompson M.D.
M. D. or other
Address: Aberdeen, Md. Date signed: Feb. 13/40

For Dr. Thompson to Sign
From Os Jarvis

CEIVED
MAR 6 1940
EAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

01994

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

City or town Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Brunson

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 31 Months Days If less than one day hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/29/40 (month) (day) (year)

Cemetery or crematory Cauwt Hanna Cemetery

Location Near Bel Air Md

18. Funeral director H. Turning Son

Address Aberdeen Md

19. Feb. 28 1940 (Date rec'd by registrar) Q.C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1940, at 1:08 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Intrathoracic hemorrhage shock

Due to penetrating stab wounds of chest

Due to

Other conditions Laceration of Scalp

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 2/27/40

Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Knife Injured at work? No

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner M.D. or other

Address Aberdeen Md. Date signed 2/28/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01995

Reg. Dist. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospt.
Stay in hospital or inst. (yrs., or mos., or days): 2 das.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edgar Bryan

3. (b) Social Security Number: unknown

4. Sex: male
5. Color or race: negro
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or ~~wife~~: Maggie Robinson
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Sept. 15, 1891

8. AGE: Years 48 | Months 5 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace: N. Carolina
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Lowman Bryan
13. Birthplace: N. Carolina

MOTHER
14. Maiden name: Ann Baker
15. Birthplace: N. C.

16. Informant: Carrie Armstrong
Address: Bel Air Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feby 29 40
(month) (day) (year)
Cemetery or crematory: Sabinsale
Location: near Benson, Md

18. Funeral director: Dean & Foster
Address: Bel Air, Md

19. Feb 25th 1940
(Date rec'd by registrar)
James H. Bay MD
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 25 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 1940, to Feb 25 1940, and that I last saw him alive on Feb 24 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to: Probably Chronic Nephritis - Arteriosclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other
Address: Havre De Grace Md Date signed: 2/25/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15 (T) (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-C)

01996

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City ~~or town~~ Havre de Grace, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 140 - St. John St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) most of life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 140 St. John St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Case.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married, widowed, or divorced~~: Widow.

6 (b) Name of husband ~~or wife~~ Nelson B. Case.

Deceased 6(c) ~~If alive, give age~~ years

7. Birth date of deceased (mo., day, yr.) Oct. 31 - 1853.

8. AGE: Years 86 | Months 3 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace Harford Co., Md. (Town, county, and state)

10. Usual occupation Hwf.

11. Industry or business

FATHER 12. Name Robert Essley

13. Birthplace Harford Co.

MOTHER 14. Maiden name Frances Harwood.

15. Birthplace Harford Co.

16. Informant Nellie Case

Address Havre de Grace Md.

17. Buried (Burial, ~~cremation, or removal. Which?~~) Date thereof Feb. 7-1940. (month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cemetery.

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19. Feb 6th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4th 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11th 1939 to Feb 4th 1940, and that I last saw her alive on Feb 4th 1940.

Immediate cause of death Arteriosclerosis Mitral Regurgitation

Due to followed by Heart Block

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. W. Steiner M. D. or other

Address Havre de Grace Date signed 2-5-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

01997

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford.

City ~~or town~~: Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital.

Stay in hospital or inst. (yrs., or mos., or days): 7 mos., 23 days.

Stay in this community (yrs., or mos., or days): Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Harford.

City ~~or town~~: Havre de Grace. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 428 - Market Street.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Cody.

3. (b) Social Security Number: None.

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 25 - 1855.

8. AGE: Years: 85 Months: 11 Days: 2. If less than one day: hrs. min.

9. Birthplace: Newark - New Jersey.
(Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business: —

FATHER
12. Name: Patrick Cody.
13. Birthplace: Ireland.

MOTHER
14. Maiden name: Bridget Wallace.
15. Birthplace: Ireland.

16. Informant: Mrs. J. Scott McKinney.
Address: Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Mch. 1 - 1940. (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Erin Catholic Cemetery

Location: Havre de Grace, Md.

18. Funeral director: Pennington & Son.
Address: Havre de Grace, Md.

19. Feb. 29th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 27 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Feb 27 1940; and that I last saw her alive on Feb 27 1940.

Immediate cause of death: Fracture left Tibia & Fibula

Due to: Arterio Sclerosis Chronic Myocarditis.

Due to: Chronic Nephritis Diffuse

Other conditions: Cardiac

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of June 13 1939

Where did injury occur? Havre de Grace (City or town) Harford (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury: Fall on hol Injured at work? no

23. SIGNATURE: Charles J. Foley M.D. M. D. or other

Address: Havre de Grace Md. Date signed 2/28/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 182 — 01998

1. PLACE OF DEATH:
County Harford
~~City or~~ town Kalmia
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
~~City or~~ town Kalmia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lydia a Crouse

3. (b) Social Security Number none

4. Sex Female | 5. Color or race White | 6.(a) ~~Single, married, widowed, or divorced~~ Widow

6 (b) Name of husband or wife Joshua Crouse

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1856

8. AGE: Years 83 | Months 6 | Days mo, | If less than one day ____ hrs. ____ min.

9. Birthplace ____ (City, county, and state)

10. Usual occupation Housekeeper

11. Industry or business ____

FATHER 12. Name John A. Long

FATHER 13. Birthplace Alleghaney Co., M.C

MOTHER 14. Maiden name Polly [illegible]

MOTHER 15. Birthplace Alleghaney Co., N.C.

16. Informant Geo. M. Edwards
Address Bel Air, Md. R.D.

17. Burial (Burial, cremation, or removal, which?) Date thereof Feb. 14 1940 (month) (day) (year)
Cemetery or crematory Mt. Zion Cem.
Location Harford Co., Md.

18. Funeral director H. S. Bailey
Address Darlington, Md.

19. Feb. 12 1940 (Date rec'd by registrar) Virginia Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1940, at 5 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8 1940, to Feb. 11 1940, and that I last saw her alive on February 10 1940

Immediate cause of death	DURATION
Chronic Myocardial Disease	2 yrs
Due to	
Due to	
Other conditions Injury - fracture of radius	
generalized trauma of body shock	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of Feb. 8 1940
Where did injury occur? At home, (City or town) Harford, (County) Md. (State)
Injured at home, farm, industry, public place (where?)
Means of injury Fell on floor from bed step. Injured at work? no

23. SIGNATURE Willard P. Henderson M. D. or other
Address Forest Hill, Md Date signed 2/11/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01999

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. No. 1

1. PLACE OF DEATH

County Harford (92nd) Registration Dist. No. 183

Village or City Federal Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ~ yrs. 3 mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Leonard Daughton If U. S. Veteran, specify WAR World War

(a) Residence: No. Federal Hill road St., Ward. Has Social Security

(Usual place of abode) If not a resident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia C. Daughton

6. DATE OF BIRTH (month, day, and year) Sept. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sara Furnace (State or country) Harford Co Md

FATHER

13. NAME John R Daughton

14. BIRTHPLACE (city or town) Harford Co (State or country) Md.

MOTHER

15. MAIDEN NAME Kunnie Krell

16. BIRTHPLACE (city or town) N York (State or country)

17. INFORMANT Mrs Julia C Daughton (Address) Locke.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Harford Co Date Feb 9, 1940

19. UNDERTAKER E K Kerr Home (Address) Jarrettsville Md.

20. FILED Feb 9, 1940 Thomas R Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 7th (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939, to Jan 6 1940

I last saw him alive on Jan 20 1940; death is said to have occurred on the date stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ch. Valvular heart Disease	12 yrs ago.
A Myocarditis	
E	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAR 6 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

02000

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Chrome Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Chrome Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Francis Andrew Everett

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 20 1918

8. AGE: Years 21 Months 10 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace Chrome Hill (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name John Eugene Everett

13. Birthplace Churchville Md.

MOTHER 14. Maiden name Margaret Mary Lagan

15. Birthplace Watervale Md

18. Informant J. E. Everett

Address Rocks R.D.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Feb 21 40 (month) (day) (year)

Cemetery or crematory St Marys

Location Pylesville Md

18. Funeral director E G Kurtz Son

Address Jarrettsville Md.

19. Feb 21 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1940, at 11 50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___elive on ___ 19___.

Immediate cause of death Strangulation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of February 17, 1940

Where did injury occur? Chrome Hill (City or town), Harford (County), Maryland (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury Front axle of car fell on neck. Injured at work? No

23. SIGNATURE Melvin N. Borden M.D. M. D. or other

Address Jarrettsville, Md Date signed 2/19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

02001

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~: 314 Lafayette St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 24 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 314 Lafayette St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Bertha C. Fletcher

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~: C. Frank Fletcher
6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): February 7 1892

8. AGE: Years	Months	Days	If less than one day
49		4	hrs. min.

9. Birthplace: Eckley Pa. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: "

FATHER
12. Name: Charles Krause
13. Birthplace: Germany

MOTHER
14. Maiden name: Catherine Dinn
15. Birthplace: Germany

16. Informant: C. Frank Fletcher
Address: 314 Lafayette St. Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 14. 1940 (month) (day) (year)
Cemetery or crematory: Grove Cemetery
Location: Aberdeen, Md.

18. Funeral director: Henry Tarring & Sons
Address: Aberdeen, Md.

19. Feb 13th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1935, to Feb 11 1940, and that I last saw her alive on Feb 11 1940.

Immediate cause of death	DURATION
Auricular fibrillation	1 day
Coronary thrombosis	
Due to Arterio Sclerosis	5 yrs
Chronic nephritis	
Due to Hypertension	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations:
Ot autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Louis Wolbert M.D. M. D. or other
Address: Havre de Grace Date signed: 2/12/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02002

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:
County Harford
City or town near Jarrettsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town near Jarrettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm Albert Hall

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	col	married

6 (b) Name of husband or wife Alverta Gover Hall
6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) March 21 1859

8. AGE: Years	Months	Days	If less than one day
91	10	7	hrs. min.

9. Birthplace Black Horse Harford Co Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Robert Hall
13. Birthplace Harford co md
MOTHER 14. Maiden name Louisa Barry
15. Birthplace Harford co md
16. Informant Jake Hall
Address Rocks Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 11, 1940 (month) (day) (year)
Cemetery or crematory Fairview
Location Forest Hill Harford Co Md
18. Funeral director C. E. Kurtz & Son
Address Jarrettsville Md.
19. Feb. 11 1940 (Date rec'd by registrar) Thomas E. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 10 55 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 3 1940, to February 7 1940, and that I last saw him alive on February 7 1940.

	DURATION
Immediate cause of death Bronchopneumonia	4 days
Due to Cold	2 weeks
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Melvin N. Borden M.D.
M. D. or other
Address Jarrettsville, Md. Date signed 2/10/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-a)

CERTIFICATE OF DEATH

02003

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Joppa

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Joppa Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME William H Hanna

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Rose E Hanna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3. 1857

8. AGE: Years	Months	Days	If less than one day
82	2	3	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Self

FATHER 12. Name James A. Hanna

13. Birthplace Md.

MOTHER 14. Maiden name Malissa Hansen

15. Birthplace Md.

16. Informant Mrs Stanley Hanna.

Address Joppa, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 9. 1940 (month) (day) (year)

Cemetery or crematory Churchville Presbyterian

Location Churchville Md.

18. Funeral director Hornberger & Gross

Address Benson Md.

19. Feb 8 1940 (Date rec'd by registrar) M. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 - 40 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1940 to Feb 7 1940, and that I last saw h alive on Feb 7 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E Rock M. D. or other

Address Edgewood Md Date signed Feb 8-40

RECEIVED
MAR 5 1948
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

02004

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 das

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Castleton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Garrett Hanley

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Attlie M. Hanley

Alive

6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): October 2, 1856

8. AGE: Years 83 Months 4 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: On Farm

FATHER

12. Name: Zachary Hanley

13. Birthplace: Ohio

MOTHER

14. Maiden name: Perry Cook

15. Birthplace: Ohio

16. Informant: Ralph B. Hanley

Address: Darlington, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Feb 19, 1940 (month) (day) (year)

Cemetery ~~or cremetery~~: Darlington Cem.

Location: Harford Co., Md.

18. Funeral director: H. S. Bailey

Address: Darlington Md.

19. Feb-19th 1940 (Date rec'd by registrar) James H. Bay Mr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19th 1940, at 6.50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9 1940, to Feb 19 1940, and that I last saw him alive on Feb 18 1940.

Immediate cause of death: La Grippe

Due to: Cardiac Difficiency

Due to: Chronic Myocarditis

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. S. Lewis M.D. M. D. or other

Address: Havre de Grace Md. Date signed: 2/29/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

CERTIFICATE OF DEATH

02005

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Bel Air Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or deys)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Archer Hays

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife ~~May 3 1860~~
6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) May 3 - 1860

8. AGE:

Years	Months	Days	If less than one day
79	9	19	____hrs. ____min.

9. Birthplace near Bel Air Md
(Town, county, and state)
10. Usual occupation Farmer (retired)
11. Industry or business Retired
FATHER 12. Name Thomas A Hays
13. Birthplace Harford Co Md
MOTHER 14. Maiden name Sarah Ann Fulford
15. Birthplace Harford Co Md
16. Informant Geo Archer Hays
Address 420 E Lake Ave Balto Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 25 1940 (month) (day) (year)
Cemetery or crematory Rock Spring
Location near Bel Air Md
18. Funeral director Deaver & Ferbe
Address Bel Air Md
19. Feb 24 1940 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 22 1940, at 11 P 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 years 19__ to 19__, and that I last saw him alive on 2/22/40 19__.

Immediate cause of death Angina Pectoris — OURATION 35 min

Due to —

Due to —

Other conditions Arteriosclerosis Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE P M Hopkins M. D. or other
Address Bel Air Md Date signed 2/24/40

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (91)

CERTIFICATE OF DEATH

02006

Reg. Dist. No. 18 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford-
City or town Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 56 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford.
City or town Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rogers St-
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henry Jacobs.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married Widower

6 (b) Name of husband or wife Katherine La Rue Jacobs
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7th 1856

8. AGE: Years	Months	Days	If less than one day
83	9	11	hrs. min.

9. Birthplace Shrewsbury - Pa -
(Town, county, and state)
10. Usual occupation
11. Industry or business Retired
FATHER 12. Name Henry Jacobs
13. Birthplace Germany -
MOTHER 14. Maiden name Marie Stidolaugh
15. Birthplace York Co- Penna
16. Informant Carrie Jacobs Brenneman
Address Middletown - Dela.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 21-40 (month) (day) (year)
Cemetery or crematory Baker Cemetery
Location near Aberdeen
18. Funeral director Henry Tarring & Son.
Address Aberdeen - Maryland
19. Feb. 20 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18/40 1940 to Feb 18 1940, and that I last saw him alive on Feb. 18 1940

Immediate cause of death acute endocarditis — DURATION 4 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Isaac A Price M. D. or other
Address Aberdeen Date signed Feb 20/40

RECEIVED
MAR 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

02007

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Forest Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town Forest Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H. Jenkins

3. (b) Social Security Number Old age Pension

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Bessie Jenkins

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 17, 1862.

8. AGE: Years 77 Months 8 Days 19 If less than one day ____ hrs. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Lewis Jenkins
13. Birthplace Md.

MOTHER
14. Maiden name Fannie Unknown
15. Birthplace Md

16. Informant Thos B Jenkins
Address Forest Hill, Md

17. (Burial, ~~cremation, or removal. Which?~~) Date thereof Feb 18 (month) (day) (year)

Cemetery or crematory Fair View

Location Forest Hill Md

18. Funeral director Hamberger & Gross.
Address Benson, Md.

19. Feb 17 1940 (Date rec'd by registrar) K. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 6 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5, 1935 19__, to Feb 14 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death Chr. Myocardial Disease — DURATION 6 yrs

Due to

Due to

Other conditions Diabetes Mellitus — 5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill, Md Date signed 2-15-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

03209

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Krauss

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	W	

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 29, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace: Aberdeen, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: John Claud Krauss
13. Birthplace: Md.

MOTHER
14. Maiden name: Velma Palmer
15. Birthplace: Md.

16. Informant: Mrs. John Claud Krauss
Address: Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 29 1940 (month) (day) (year)
Cemetery or crematory:
Location: Back yard Residence Aberdeen Md

18. Funeral director: None; Father
Address:

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 29 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 29 1940, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Miscarriage about five or six months	
Due to Still-Born	
Due to Can give no history as to cause. Had been dead day or two.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Chas H. Krieg M.D.
M. D. or other
Address: Aberdeen Date signed April 11/40

APR 15 1940
BUREAU V. S.

Stillb.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02008

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford

City or town Joppa rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME baby boy Krell

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	—

6 (b) Name of husband or wife _____

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1940

8. AGE: Years | Months 5½ | Days | If less than one day _____ hrs. _____ min.

9. Birthplace Joppa Md (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER

12. Name Leonard Krell

13. Birthplace New York

MOTHER

14. Maiden name Agnes B Holter

15. Birthplace Joppa Md

16. Informant Leonard Krell

Address Joppa Md

17. _____ (Burial, cremation, or removal. Which?) Date thereof 2 7 40 (month) (day) (year)

Cemetery or crematory Mountain Road

Location Mountain Md

18. Funeral director Howard K Malcom

Address Aberdeen. Md

19. Feb 7 1940. (Date rec'd by registrar) Emily N Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940, at 6.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 19 _____, to _____ 19 _____,

and that I last saw h _____ alive on _____ 19 _____.

	DURATION
Immediate cause of death Prematurity	
5½ months	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Fred O Hodson M.D. M. D. or other

Address Edgewood Md Date signed Feb 7 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170-C

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

02009

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford County
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 hour + 15 min
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town ~~Harford~~ Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 610 Erie Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Richard Lane

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Child

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 4 - 1932

8. AGE: Years	Months	Days	If less than one day
8	10	29	____ hrs. ____ min.

8. Birthplace Havre de Grace, Harford County, Maryland
(Town, county, and state)
10. Usual occupation School boy
11. Industry or business
FATHER 12. Name James R. Lane,
13. Birthplace Fonahu, Virginia,
MOTHER 14. Maiden name Margaret Wilson,
15. Birthplace Baltimore, Maryland.
18. Informant Dr. J. W. Ramsay
Address Aberdeen, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb. 7-1940 (month) (day) (year)
Cemetery or crematory Principio Cemetery
Location Principio - Md.
18. Funeral director Pennington & Son,
Address Havre de Grace, Md.
19. Feb. 5th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 5 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Cerebral Concussion	
Probable Intracranial Hemorrhage	
Shock & Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 2/3/40
Where did injury occur? Havre de Grace - Harford - Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public Street
Means of injury Automobile Injured at work? No

23. SIGNATURE J. H. Lemmon M. D.
Dep. Med. Exr. M. D. Harford Co.
Address Aberdeen, Md. Date signed 2/3/40

RECEIVED
MAR 5 1940
BUREAU V. S.

02010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 29 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Harford

City or town: Bel Air Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Christina Magness

3. (b) Social Security Number

4. Sex: Female

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Magness

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1898

8. AGE: Years: 52 Months: – Days: 23 If less than one day ____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER

12. Name: Wm. Mikart

13. Birthplace: Md.

MOTHER

14. Maiden name: Elizabeth Strauss

15. Birthplace: Germany

16. Informant: James R. Magness

Address: Bel Air Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 28, 1940 (month) (day) (year)

Cemetery or crematory: Union Chapel

Location: Wilna Md.

16. Funeral director: Hornbeger & Gross

Address: Benson Md

19. Feb 27 1940 (Date rec'd by registrar) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 25 1940, st ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18th 1940, to Feb. 25th 1940, and that I last saw her alive on Feb. 24th 1940.

Immediate cause of death: Carcinoma of stomach & duodenum ?

DURATION: 2½ yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: Inoperable Carcinoma –

Dt autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: A. F. Van Tibber M.D. M. D. or other

Address: Bel Air, Md. Date signed: Feb. 27 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(940)

CERTIFICATE OF DEATH

02011

Reg. Dist. No. 18-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen - Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: ____ County: ____
City or town: ____ Ward No.: ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ____

3. (a) FULL NAME: John J. McDonald.

3. (b) Social Security Number: 004-01-7519

4. Sex: Male
5. Color or race: White
6. (a) ~~Single~~, married, widowed, or divorced: Married.

6 (b) Name of ~~husband or~~ wife: Mary Melson McDonald.

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Sept. 26 1882.

8. AGE: Years: 57 | Months: 4 | Days: 6 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Harford County, Md.
(Town, county, and state)

10. Usual occupation: Store Clerk -

11. Industry or business: —

FATHER
12. Name: Patrick
13. Birthplace: Ireland.

MOTHER
14. Maiden name: Catherine O'Leary.
15. Birthplace: Ireland.

16. Informant: Mrs. Mary M. McDonald.
Address: Aberdeen. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 5 - 1940. (month) (day) (year)
Cemetery ~~or crematory~~: Mt. Erin,
Location: Havre de Grace, Md.

18. Funeral director: Pennington & Son,
Address: Havre de Grace Md.

19. Feb 2 1940 (Date rec'd by registrar) C. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 2, 1940, at 12:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw ~~him~~ her alive on Feb. 2 1940.

	DURATION
Immediate cause of death: Coronary Occlusion	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of: ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ____
Means of injury: ____ Injured at work?

23. SIGNATURE: J. H. Lamney M. D.
M. D. or other
Address: Aberdeen Date signed 2/2/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

02012

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Harford

City or town Aldino

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Aldino Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME W. Katherine Miller

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 1, 1922

8. AGE: Years 17 Months 8 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Harford Co., Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: at Home

FATHER

12. Name: Wm. O. Miller

13. Birthplace: Harford Co., Md.

MOTHER

14. Maiden name: Harriett Ely

15. Birthplace: Harford Co., Md

16. Informant: Wm. O. Miller

Address: Aberdeen, Md. Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15, 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Wesleyan Chapel Cem

Location: Harford Co., Md

18. Funeral director: H. S. Bailey

Address: Darlington, Md.

19. Feb. 15 1940 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deceased was found dead in bed, and that I last saw h ____ alive on ____ 19__ and was not attended by any doctor during past year

Immediate cause of death: Chronic myocarditis

DURATION: 4 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE N. E. Gallion M. D. or other

Address Darlington, Md Date signed 2-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 9 1910
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02013

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City ~~or town~~ Havre de Grace, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 516 N. Adams St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all his life.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 516 N. Adams St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William H. Morrison.

3. (b) Social Security Number none.

4. Sex: Male

5. Color or race: white

6. (a) Single, ~~married, widowed, or divorced~~: Single.

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 8 - 1859.

8. AGE: Years 81 Months — Days 16. If less than one day ___ hrs. ___ min.

9. Birthplace Delaware. (Town, county, and state)

10. Usual occupation Station agt, Penna. R.R. Hde Grace.

11. Industry or business —

FATHER 12. Name William H. Morrison.

13. Birthplace Delaware.

MOTHER 14. Maiden name Frances

15. Birthplace Delaware.

16. Informant Mrs. Lily Morrison.

Address Wilmington, Del.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Feb. 28-1940 (month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cemetery

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19. Feb. 26th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25th 1940, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30th 1939, to Feb 25th 1940, and that I last saw him alive on Feb 24th 1940.

Immediate cause of death Arteriosclerosis + Chronic Myocarditis

Due to

Due to Acut. Cardiac Failure

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. D. Steiner M. D. or other

Address Havre de Grace Md. Date signed 2-26-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

02014

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City ~~or town~~ Darlington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City ~~or town~~ Darlington Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Annie Presberry

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife John E. Presberry
Dead 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 68			hrs. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At Home

FATHER
12. Name Wm. Webster
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden name Annie Webster
15. Birthplace Harford Co. Md.

16. Informant Robert Presberry
Address Darlington Md.

17. Burial Date thereof Feb. 20 1940
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)
Cemetery ~~or crematory~~ Hosanna Cem.
Location Harford Co., Md.
18. Funeral director H. S. Bailey
Address Darlington Md.

19. Feb. 19, 1940 M. H. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1940, at 6a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1939, to Dec 15 1939 and that I last saw h-w alive on Dec. 15 1939

Immediate cause of death	Uremic	DURATION
	Endocarditis and	
Due to	Uremic nephritis	5 yrs.
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Gallion M. D. or other
Address Darlington Date signed 2-19-40

RECEIVED
APR 10 1940
BUREAU V. S.

02015

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Fallston
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 81 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Harford

City or town Fallston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME George M. Proctor

3. (b) Social Security Number None.

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ida M Proctor

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mch. 25. 1858.

8. AGE: Years 81 | Months 10 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Beral D. Proctor
13. Birthplace Md.

MOTHER
14. Maiden name Catherine Travers
15. Birthplace Md

16. Informant Richard Proctor
Address Fallston Md

17. ____ (Burial, cremation, or removal. Which?) Date thereof Feb. 13, 40 (month) (day) (year)

Cemetery or crematory Providence M. P. Cem.

Location Near Upper X Roads.

18. Funeral director Hornberger & Gross
Address Benson, Md.

19. Feb 12 1940 (Date rec'd by registrar) N C Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb. 1940 and that I last saw him alive on Feb. 9 1940.

Immediate cause of death Myocardial failure

Due to Hypertension & Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of Injury ____ Injured at work?

23. SIGNATURE P B Hopkins M. D. or other

Address Bel Air Md Date signed 2/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 142-B

02016

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford Co
City or town near Bel Air Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 19 months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Churchville Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Virgie Lou M Roberts

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Emory Roberts
6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) November 11, 1909

8. AGE: Years	Months	Days	If less than one day
30	3	13	____hrs. ____min.

9. Birthplace Grayson Co., Va
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Hash
13. Birthplace Grayson Co Va

MOTHER
14. Maiden name Minda Long
15. Birthplace Grayson Co Va

16. Informant Emory Hash
Address Forest Hill

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 26-1940 (month) (day) (year)
Cemetery or crematory Oak Grove
Location near Schunk's Corner

18. Funeral director Dean & Foster
Address Bel Air Md

19. Feb. 26 1940 (Date rec'd by registrar) V. E. Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 24 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 1940, to Feb 24 1940, and that I last saw her alive on Feb 24 1940.

Immediate cause of death	DURATION
Intra abdominal hemorhage	
Due to Probably Due	
to ruptured ectopic	
Due to pregnancy.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Hill, Md Date signed 2/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02017

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Near Emmorton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) ~~Life~~ 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Bel Air Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louise Hamilton Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27 - 1912

8. AGE:

Years	Months	Days	If less than one day
27	4	15	hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Edward H Robinson

13. Birthplace Churchville Hill Md

MOTHER

14. Maiden name Edith F. McFadden

15. Birthplace Baltimore Md

16. Informant Edward H Robinson

Address Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 14- 1940 (month) (day) (year)

Cemetery or crematory Deer Creek

Location Churchhill Harford Co. Md

18. Funeral director Dean & Foster,

Address Bel Air, Md.

19. Feb 13 1940 (Date rec'd by registrar) M. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 1940, to Feb 12 1940, and that I last saw h-- alive on Feb 11 1940.

Immediate cause of death	DURATION
pneumonitis 4-5 days	
Due to bronchopneumonia	9 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred O Hodous M.D

M. D. or other

Address Edgewood Md Date signed Feb 12 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02018

(157)

1. PLACE OF DEATH

County Harford — Registration Dist. No. 182

Village or City Forest Hill — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME ____ Russell

(a) Residence: No. Forest Hill Md St. ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorcad
HUSBAND of
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Feb. 24th, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Forest Hill Maryland

FATHER

13. NAME Kessler John Russell

14. BIRTHPLACE (city or town) (State or country) Tazwell Co Va

MOTHER

15. MAIDEN NAME Mamie Lee Russell

16. BIRTHPLACE (city or town) (State or country) Grayson Co Va.

17. INFORMANT (Address) Kessler John Russell Forest Hill Md.

18. BURIAL, CREMATION, OR REMOVAL Place Calvery Date Feb 26, 1940

19. UNDERTAKER The Father Kessler Russell (Address) Forest Hill

20. FILED Feb 26, 1940 M E Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 25th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1940, to Feb. 25th, 1940

I last saw her alive on Feb. 24th, 1940; death is said to have occurred on the date stated above, at 4 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importance were as follows:

	Date of onset
Premature Birth (7 months gestation)	

Other **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or Injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) A. F. Vaut Tibber M. D.

(Address) Bel Air, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02019

CERTIFICATE OF DEATH

Reg. Diat. No. 180

1. PLACE OF DEATH:
County Harford.
City or town Near Emmorton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Harford.
City or town Near Emmorton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Milton George Schaub,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Berdie Schaub,
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 26 1889

8. AGE: Years	Months	Days	If less than one day
50	11	15	____ hrs. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business
FATHER 12. Name George Schaub,
FATHER 13. Birthplace Baltimore, Md.
MOTHER 14. Maiden name Mary R. Betschatis,
MOTHER 15. Birthplace Baltimore, Md.
16. Informant Berdie Schaub,
Address Edgewood, R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 19 40 (month) (day) (year)
Cemetery or crematory Abingdon, M.E.
Location Abingdon, Md.
18. Funeral director Howard K. McComas,
Address Abingdon, Md.
19. Feb 16, 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 15 1940, and that I last saw him alive on Feb 14 1940.

Immediate cause of death	DURATION
Coronary occlusion Feb 8th	
Due to Coronary Sclerosis	Years?
Due to	
Other conditions Aortic Stenosis	Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Fred O Hodous M.D.
M. D. or other
Address Edgewood Md Date signed Feb 15 1940

RECEIVED
MAR 6 1948
BUREAU V. B.

02020

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
County Harford
City or town Rural - Near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 67 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural - Near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Carsins Run
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME J. Frank Sheridan

3. (b) Social Security Number none

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of ~~husband or~~ wife Belle Jessens Sheridan
6(c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) May 13, 1872
8. AGE: Years 67 Months 8 Days 20 If less than one day ___ hrs. ___ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Canner & Farmer
11. Industry or business Retired
FATHER 12. Name James Sheridan
13. Birthplace Maryland
MOTHER 14. Maiden name Catherine James
15. Birthplace Maryland
16. Informant Mrs. Belle J. Sheridan
Address Aberdeen R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 5, 1940 (month) (day) (year)
Cemetery or crematory Balsers
Location Aberdeen, Md.
18. Funeral director Henry Tarring & Sons
Address Aberdeen, Md.
19. Feb. 5 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3rd 1940, at 3 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1932, to Feb 3 1940, and that I last saw him alive on Feb 2 1940.
Immediate cause of death Cardiac Insufficiency
Due to Chronic Myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M.D. or other
Address Havre de Grace, Md. Date signed 2/3/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124B)

02021

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
County Harford.
City or town Aberdeen, R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Harford,
City or town Bel Camp. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(e) IF VETERAN, NAME WAR

3. (a) FULL NAME John Svasek,

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married.

6 (b) Name of husband or wife Josephine Svasek,
6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) November 7 1887

8. AGE: Years	Months	Days	If less than one day
52	2	23	hrs. min.

9. Birthplace Czecho Slovak,
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business
FATHER 12. Name Thomas Svasek,
13. Birthplace Czecho-Svasek,
MOTHER 14. Maiden name Unknown,
15. Birthplace Czecho-Svasek,
16. Informant Josephine Svasek,
Address Aberdeen, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 4 1940 (month) (day) (year)
Cemetery or crematory Abingdon,
Location Abingdon, Md.
18. Funeral director Howard K. McComas,
Address Abingdon, Md.
19. Feb 2 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 340A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-25 1936, to Feb 1 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death	DURATION
Cirrhosis of Liver	20 years
Rheumatic Carditis	4 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Fred Ottodons M.D. M. D. or other
Address Edgewood, Md Date signed Feb 1 1940

FEB 17 1940
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

02022

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Harford
City or town near Bel Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town near Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Stewart Tinker

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Minnie E Tinker
6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan 2 1872

8. AGE:

Years	Months	Days	If less than one day
68	1	23	hrs. min.

9. Birthplace Forest Hill Harford Co Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Daniel T. Tinker
13. Birthplace Forest Hill Md

MOTHER
14. Maiden name Sarah E. Stewart
15. Birthplace Balto Md.

16. Informant Mrs Chas. Tinker
Address Bel Air Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb 28-40 (month) (day) (year)
Cemetery or crematory Druid Ridge
Location Balto. Md.

18. Funeral director C E Kurtz Son
Address Jarrettsville Md

19. Feb. 26 1940 (Date rec'd by registrar) Virginia Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940 at 5 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to Feb 25 1940, and that I last saw him alive on Feb 18 1940

Immediate cause of death	DURATION
Pulmonary Embolus	15 minutes
Due to Arteriosclerotic Cardiovascular disease	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gerald C. Palmer M.D.
M. D. or other
Address Bel Air, Md. Date signed Feb 26, 1940

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

02023

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Kalmia
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 56

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md — County Harford

City or town Kalmia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josias Wilson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose W. Wilson

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 11, 1883

8. AGE: Years	Months	Days	If less than one day
56	7	7	hrs. min.

9. Birthplace Kalmia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Benj W. Wilson

13. Birthplace Kalmia Md

MOTHER 14. Maiden name Florence Smithson

15. Birthplace Sandy Hook, Md. (Harford)

16. Informant Mrs Rose W Wilson

Address Bel Air - R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 20-1940 (month) (day) (year)

Cemetery or crematory St Ignatius -

Location Near Bel Air - Md

18. Funeral director Dean & Foster

Address Bel Air Md

19. Feb 19 1940 (Date rec'd by registrar) M E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 18 1940, at 3.25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940, to Feb 18 1940, and that I last saw him alive on Feb 17 - 40 1940

Immediate cause of death	DURATION
Coronary Thrombosis	3 da.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson
M. D. or other

Address Forest Hill Md Date signed 2/18/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124b)

02024

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hosp't.

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 23 das.

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre De Grace Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward Wolfe

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 29, 1889

8. AGE: Years 50 Months 10 Days 25 If less than one day hrs. min.

9. Birthplace: Churchville, Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: Charles Wolfe

13. Birthplace: Germany.

MOTHER

14. Maiden name: Mary Thome

15. Birthplace: Germany.

16. Informant: Mrs. Mary Brittingham

Address: 923 N. 15th St. Phila. Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/26/40 (month) (day) (year)

Cemetery or crematory: St Paul Luther Cemetery

Location: Near Aberdeen Md.

18. Funeral director: H. Farring & Son

Address: Aberdeen Md.

19. 2/26 T 1940 (Date rec'd by registrar) James H. Boy Mt. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23 1940, at 11:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1940, to Feb 23 1940, and that I last saw him alive on Feb 23 1940.

Immediate cause of death: Cardiac deficiency

Due to: Hypertrophic Sclerosis; meaning: hypertrophic cirrhosis of liver. C.W.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. S. Lewis MD M. D. or other

Address: Havre De Grace Md. Date signed 2/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.